



Corrections Standards Authority Juvenile Probation and Camps Funding (JPCF) Program Agreement

A. AGENCY INFORMATION

AGENCY NAME	CHIEF PROBATION OFFICER	TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE
PLAN YEAR (FISCAL YEAR)			

B. DESIGNATED FINANCIAL OFFICER INFORMATION

NAME AND TITLE			TELEPHONE NUMBER
STREET ADDRESS			FAX NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

C. PAYMENT RECEIVER INFORMATION

NAME AND TITLE			TELEPHONE NUMBER
STREET ADDRESS			FAX NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

D. DAY-TO-DAY CONTACT INFORMATION

NAME AND TITLE			TELEPHONE NUMBER
STREET ADDRESS			FAX NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

E. JPCF PROGRAM SERVICES - FIXED ALLOCATION

All counties must complete and return Attachment A.

F. JPCF - CAMP ALLOCATION ELIGIBILITY FORM

All counties must complete and return Attachment B.

Does your county plan to participate in the camp funding portion of this program? ☐ Yes ☐ No

G. BOARD OF SUPERVISORS' RESOLUTION

All counties must have a Board of Supervisors' Resolution on file containing specific language (see Attachment C).

Does this Agreement (Attachment A) propose adding new programs and/or deleting current programs identified previously in your prior JPCF Agreement? ☐ Yes ☐ No

If yes, your county Board of Supervisors must adopt a new resolution.

H. SIGNATURE OF CHIEF PROBATION OFFICER

Chief Probation Officer

Date: _____

For CSA use only. The signature below attests to the review and approval of this Agreement by the Corrections Standards Authority.

Executive Director, Corrections Standards Authority

Date: _____
Agreement Number: _____

